2002 Uniform Business Report (UBR)

Apr 02, 2002 8:00 am Secretary of State **DOCUMENT #** P00000105079 1. Entity Name DARFRY'S CORPORATION 04-02-2002 90047 029 ***150 00 MOVED. Principal Place of Business Mailing Address 13826 SW 157TH ST 13826 SW 157TH ST MIAM! FL 33177-0000 MIAMI FL 33177-0000 2. Principal Place of Business 701 S.W. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 65-1066515 MIAMI Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANTANA, MARIA V Street Address (P.O. Box Number is Not Acceptable) -10020 SW-157TH ST- 197015, W. 128 CT. MIAMI FL 33177-0000 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (9/01) TITLE ☐ Delete TITLE ☐ Addition SANTANA, MARIA V 43826 SW 157TH ST- 197015.W. 1280T. NAME NAME CR2E034 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33177-0000 CITY-ST-ZIP D. TITLE . □ Delete TITLE ☐ Change ☐ Addition NAME : SANTANA, ESTHER E NAME STREET ADDRESS 13828-SW-1577H-ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33177-0000 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

13. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered by goes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

☐ Addition

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